



**State of Connecticut  
Department of Banking  
Consumer Credit Division**  
260 Constitution Plaza, Hartford, CT 06103



**APPLICATION FOR A CHECK CASHING SERVICE LICENSE**  
**UNDER CHAPTER 668, PART IV**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. There must be one application submitted to apply for a Check Cashing Service license, which may include multiple locations in which the check cashing service will be provided.
2. A check made payable to **“Treasurer, State of Connecticut” with the appropriate fee.** At the time of making its application for licensure, each Applicant shall pay to the **“Treasurer, State of Connecticut”** the sum of \$100.00 per requested location, and , in the case of a request for a new license, the additional sum of \$1,000.00 as the application fee.

Application fee:	One facility location	\$1,000.00+\$100.00=\$1,100.00
	Additional facility locations	\$100.00 each location

3. **All licenses**, unless sooner suspended, revoked or surrendered, **EXPIRE AT MIDNIGHT JUNE 30, 2006.**
4. **“General Facility”** is defined in Section 36a-580(a)(1) of the Connecticut General Statutes (“CGS”) to mean a facility at a fixed location where a licensee may engage in the business of cashing checks, drafts or money orders and which is open to the general public for at least six hours per day four days per week.  
  
**“Limited Facility”** is defined in Section 36a-580(a)(2) of the CGS to mean a mobile facility, where on no more than two days per week, on property occupied by an employer, a licensed operator of a general facility may, under written contract with such employer, engage in the business of cash payroll checks for the employees of the employer.
5. Proof of availability and maintenance of liquid assets of at least \$10,000.00 for each proposed General Facility location and/or proof of availability and maintenance of liquid assets of at least \$2,500.00 for each Limited Facility location as required under Section. 36a-581(e) of the CGS, should be in the form of a recent bank statement dated within 90 days of the application being submitted.
6. If the Applicant is a corporation, partnership or a limited liability company, a Certificate of Authority to conduct business in the State of Connecticut should be submitted. Please note that sole proprietorships are not required to submit this documentation. If you have not registered with the Secretary of State, their department may be contacted online at [www.sots.ct.gov](http://www.sots.ct.gov) or by telephone at 860-509-6001 for this information.
7. A personal and business history statement shall be completed on the form provided, for the following as applicable:
  - a. The proprietor (if applicant is a sole proprietor)
  - b. Each partner (if applicant is a partnership)
  - c. Each member (if applicant is a limited liability company)
  - d. Each officer (if applicant is a corporation)
8. Please make note that all licensees are required to submit quarterly reports to the commissioner on January 15, April 15, July 15 and October 15 of each year that specifies the type of checks cashed by such licensee and the number of checks cashed that exceed two thousand five hundred dollars (\$2,500.00) during the previous calendar quarter as required under Section 36a-584(c) of the CGS.

9. There should be a schedule of all the fees presently charged for each individual service offered or proposed fee schedule if not presently licensed.
10. There should be a brief description of the internal controls for cash, to assure compliance with the law and with the check casher's policies and procedures. The accounting and controls for the check cashing operation should be separate from any other operations at the site. For example, there should be a separate bank account and separate bookkeeping for check cashing operations and for other operations, such as pawn shop operations, etc.
11. There should be a physical description of the proposed facility, including the square footage, the layout of the facility and the facilities security features. The application should include a copy of the lease, allowing a check cashing facility to operate at the location. If the applicant owns the building, then the application should show proof that zoning in the area allows a business to operate at the proposed address.
12. A statement that the applicant has read, understands, and will comply with state and federal check cashing and anti money laundering laws. If the applicant employs others to work at the proposed facilities, then the applicant should describe the training of employees to comply with these laws. Enclose copies of training documents.
13. Section 36a-581(e) of the CGS also requires that the applicant have a feasible plan for conducting business. A business plan should be enclosed with the application. The business plan should include financial projections (revenue, expenses and net income) for the first few years. The plan should include a description of competition (all financial institutions in the area including banks, credit unions and check-cashing facilities).
14. **Please provide a copy of the Money Services Businesses ("MSBs") registration.** In 1999, the Secretary of the Treasury grouped certain non-bank financial institutions for purposes of the Bank Secrecy Act (BSA). This category is called MSBs, and it includes businesses that provide check cashing, money transmission, money orders and other services. As a check-cashing operation you are required to comply with the BSA requirements applicable to financial institutions as well as the requirements for MSBs. All MSBs are required to register with the Department of the Treasury within 180 days of being licensed.

The federal government has a website specifically for MSBs. The site gives information and guidance for check cashers and other MSBs. You can access this site at [www.msb.gov](http://www.msb.gov). For more information from the Financial Crimes Enforcement Network, you can access their website at: [www.fincen.gov/reg-main.html](http://www.fincen.gov/reg-main.html). You can access the website for the State of Connecticut Department of Banking at [www.state.ct.us/dob/](http://www.state.ct.us/dob/).

15. **ALL** questions on the application form must be answered. In the event a particular question is inapplicable, enter **N/A** or **NONE** in the space provided.
16. In the event space provided for answers is inadequate, additional sheets should be attached. Please identify the applicant and the specific item on the application.
17. Changes in information submitted on or with the application must be reported in writing immediately. Reporting should **not** be delayed until the time a license is renewed. Instructions and forms are available on our website to make changes to your license. Please visit our website at [www.ct.gov/dob](http://www.ct.gov/dob).
18. If the applicant is a partnership of which any partner is a corporation, please provide the information requested in question #6 for the officers and directors of the corporate partner(s).
19. If the applicant is a sole proprietor and has **both** a Federal Employer Identification Number and a Federal Social Security Account Number, **both** numbers must be provided. All other applicant must provide a Federal Employer Identification Number only.
20. Questions concerning this application may be directed to Jean Wright at 860-240-8209 or via e-mail [jean.wright@ct.gov](mailto:jean.wright@ct.gov). The application and related material must be mailed to:

**Department of Banking  
Consumer Credit Division  
260 Constitution Plaza  
Hartford, Connecticut 06103-1800**



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



APPLICATION FOR A CHECK CASHING SERVICE LICENSE

Application is hereby made for a license under Chapter 668 Part IV  
of the Connecticut General Statutes.

1. In what capacity will the Applicant engage in the check cashing service? (Please check appropriate box)

☐ General Facility

☐ Limited Facility

2. Name of Applicant: \_\_\_\_\_  
(Complete name under which business is conducted)

D/B/A Name (If applicable) \_\_\_\_\_

2a. Telephone No.: \_\_\_\_\_ 2c. Fax No: \_\_\_\_\_

2b. E-mail Address: \_\_\_\_\_

3. Location of principal office under this application:

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Mailing address if different from location of principal office to be licensed:

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

List all locations to be licensed including the principal office, if applicable.

General/Limited Facility Location		License Number (if applicable):		
Street Address		City	State	Zip Code
		<input type="checkbox"/> General <input type="checkbox"/> Limited		
Telephone Number	Fax Number	e-mail Address		Days of Operation
		Business Hours		

General/Limited Facility Location		License Number (if applicable):		
Street Address		City	State	Zip Code
		<input type="checkbox"/> General <input type="checkbox"/> Limited		
Telephone Number	Fax Number	e-mail Address		Days of Operation
		Business Hours		

If space is needed for additional Proposed Facility Locations, please use General/Limited Facility Attachment Sheet.

4. Is the Applicant presently engaged in the check cashing service business? Yes ☐ No ☐ If yes, please answer 4(a) & 4(b).

(a) Date business commenced: \_\_\_\_\_

(b) States in which Applicant operates: \_\_\_\_\_

5. Form of organization: \_\_\_\_\_  
(Sole Proprietorship, Partnership, Corporation, Limited Liability Company ("LLC"), etc.)

If incorporated, State and date of incorporation. If an LLC, the State and date of formation of the LLC.

\_\_\_\_\_  
(State) (Date)

a. Federal Employer Identification Number: \_\_\_\_\_

b. If a Sole Proprietorship, Federal Social Security Account Number: \_\_\_\_\_

6. Full given name and residence (P.O. Box is not acceptable) of the owner or partners. In the case of a corporation, association or trust, list the directors, trustees and principal officers. In the case of an LLC, list each member.

FULL GIVEN NAME TITLE RESIDENCE DATE OF BIRTH OTHER OCCUPATION

7. Are you engaged or do you intend to engage in the check cashing service business in conjunction with any other business?  
**Yes** ☐ **No** ☐ **If yes, specify other business in detail: (use attachment to application if needed.)**

8. Full given name and residence of principal contact person.

Full Given Name	Number and Street	City	State	Date of Birth
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8a. Full given name, title, business address and **direct** telephone number of person with to whom complaints should be directed.

Full Given Name	Title	Number and Street	City	State	Telephone Number
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9. Has the Applicant or any employee, officer, director or similar person, whether an independent contractor or not:

(a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?  
**Yes** ☐ **No** ☐

(b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency?  
**Yes** ☐ **No** ☐

(c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had such an application ever been withdrawn?  
**Yes** ☐ **No** ☐

(d) ever been a defendant in any litigation of any type filed against the Applicant or any employee, officer or director thereof, in connection with the money service business?  
**Yes** ☐ **No** ☐

**If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.**

10. If the Applicant is a corporation, full given name and residential address (P.O. Box is not acceptable) of any stockholder owning 10% or more of the outstanding stock in the corporation. If the Applicant is a partnership or an LLC, full given name, residential address and list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residential address and date of birth of each principal officer and director.

<u>FULL GIVEN NAME</u>	<u>NUMBER AND STREET</u>	<u>CITY/STATE</u>	<u>% OF OWNERSHIP</u>
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11. Is the applicant an agent or subagent of any money service business (i.e. money transmitter or issuer of money orders, travelers checks, etc.) **at this location?** **Yes** ☐ **No** ☐ **If yes, please list names and addresses of all such money service providers.**

**SIGNATURE OF APPLICANT**

By: 

Signature	Print Name & Title
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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

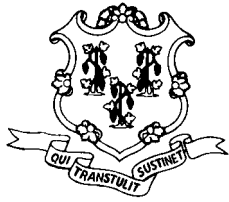
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_  
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

_____ (Notary Public) or (Commissioner of Superior Court)	_____ (Commission Expiration Date)
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**NOTE:** If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.



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## Proposed Facilities Attachment Sheet

Proposed Facility Location					
Street Address		City	State	Zip Code	General or Limited Facility
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours

Proposed Facility Location					
Street Address		City	State	Zip Code	General or Limited Facility
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours

Proposed Facility Location					
Street Address		City	State	Zip Code	General or Limited Facility
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Company\_\_\_\_\_

**PERSONAL AND BUSINESS HISTORY STATEMENT**

(Application for Check Cashing Service License)

1. Name\_\_\_\_\_
2. Residential Address\_\_\_\_\_
3. Title or Position with Applicant\_\_\_\_\_
4. Date of Birth - \_\_\_\_\_ Social Security Number\_\_\_\_\_
- MM/DD/YY
5. Place of Birth\_\_\_\_\_U.S. Citizen\_\_\_\_\_
6. Education (state fully amount of technical or professional training, if any, and where obtained).

7. Give a chronological listing of all employment over the past 20 years. Do not list positions held less than 6 months. If unemployed at any time for more than 6 months, state when or how long and for what reason (attach additional sheets if necessary).

<u>Name of Employer and Address</u>	<u>From</u>	<u>To</u>	<u>Type of Business</u>	<u>Your Position</u>
_____				
_____				
_____				
_____				
_____				
_____				

8. a. Have you ever been refused any license by the Department of Banking or any other governmental body?\_\_\_\_\_
- b. After such license was granted, was same ever suspended or revoked?\_\_\_\_\_
- c. Has application for any such license ever been withdrawn?\_\_\_\_\_
- d. Is there any litigation pending against you or any firm or company of which you are now a partner, officer, director or manager?\_\_\_\_\_
- e. Were you ever a partner, officer, director or manager of any firm or company which was adjudicated a bankrupt or for which a receiver was appointed either during the time or within one year after you were so connected therewith?\_\_\_\_\_
- f. Have you ever been charged in any suit with any fraudulent or illegal acts in any transaction of any kind or character?\_\_\_\_\_
- g. Have you ever been convicted of any crime (not including motor vehicle traffic misdemeanors)?\_\_\_\_\_

If your answer to any of the foregoing questions is "yes", explain the circumstances fully (**attach additional sheets if necessary**).

9. What experience have you had in the money service business?

Signed \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared \_\_\_\_\_ to me known and known by me to be, the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says that he/she has read, signed and knows the contents thereof, and that the alleged facts therein contained are true to his/her knowledge.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

## **CHECKLIST**

Items that should be returned with the application(s)

1.   Appropriate fee:   One location           \$1,000.00+\$100.00=\$1,100.00 \_\_\_\_\_  
                              Additional locations           \$100.00 each location           \_\_\_\_\_
2.   Application (Review carefully for accuracy and completeness). \_\_\_\_\_
3.   Personal and Business History Statement. \_\_\_\_\_
4.   Proof of availability and maintenance of liquid assets of at least \$10,000 for each proposed General Facility location and/or proof of availability and maintenance of liquid assets of at least \$2,500.00 for each Limited Facility location as required Sec. 36a-581(e) of the Connecticut General Statutes, should be in the form of a recent bank statement. \_\_\_\_\_
5.   A schedule of all the fees presently charged for each individual service offered or proposed fee schedule if not presently licensed. \_\_\_\_\_
6.   Copy of executed contract evidencing the proposed arrangement between the applicant and employer (**For Limited Facility only**). \_\_\_\_\_
7.   Business Plan – The business plan should include financial projections (revenue, expenses and net income) for the first few years and a description of competition (all financial institutions in the area including banks, credit unions and check cashing facilities). \_\_\_\_\_
8.   There should be a brief description of the internal controls for cash, to assure compliance with the law and with the check casher's policies and procedures. The accounting and controls for the check cashing operation should be separate from any other operations at the site. For example, there should be a separate bank account and separate bookkeeping for check cashing operations and for other operations, such as pawn shop operations, etc. \_\_\_\_\_
9.   There should be a physical description of the proposed facility, including the square footage, the layout of the facility and the facilities security features. The application should include a copy of the lease, allowing a check cashing facility to operate at the location. If the applicant owns the building, then the application should show proof that zoning in the area allows a business to operate at the proposed address. \_\_\_\_\_
10.   A statement that the applicant has read, understands, and will comply with state and federal check cashing and anti money laundering laws. If the applicant employs others to work at the proposed facilities, then the applicant should describe the training of employees to comply with these laws. Enclose copies of training documents. \_\_\_\_\_

**PLEASE CHECK ALL ITEMS TO BE SURE YOUR RENEWAL APPLICATION IS COMPLETE.** If you have questions, please contact Jean Wright at 860-240-8209 or via email at [jean.wright@ct.gov](mailto:jean.wright@ct.gov).

**RETURN THIS FORM WITH YOUR APPLICATION**